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TRANSMITTAL FORM

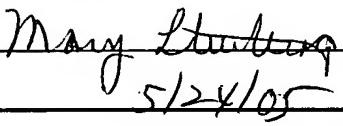
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/780,804
		Filing Date	2/18/2004
		First Named Inventor	Backes
		Group Art Unit	
		Examiner Name	Not yet known
Total Number of Pages in This Submission		Attorney Docket Number	160-029

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Remarks</td> <td>Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.</td> </tr> </table>			Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	
Date	5/24/05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Backes	
Serial No.: 10/780,804	Group Art Unit:
Filed: 2/18/2004	Examiner:
Title: Apparatus for Selecting an Optimum Access Point in a Wireless Network	
Attorney Docket No.: 160-029	

Commissioner for Patents
P.O. Box 1450
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- (X) Each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, not more than three months prior to the filing of the statement, or
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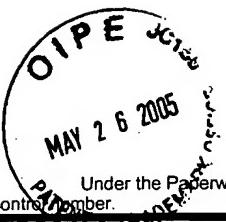
Signature: Christine M. Morrisette

Respectfully submitted,

Mary Steubing
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PTO/SB/08A (10-01)

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~~W-9~~ Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	10/780/804
Filing Date	2/18/2004
First Named Inventor	Backes
Art Unit	
Examiner Name	Not yet known
Attorney Docket Number	160-029

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

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